

1.) CORPORATION NAME:

LIN Television Corporation

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

SCC ID NO: **F1278789**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE WEST EXCHANGE STREET
SUITE 5A

CITY/ST/ZIP: PROVIDENCE, RI 02903-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: VINCENT L SADUSKY
TITLE: P/CEO
ADDRESS: ONE WEST EXCHANGE STREET
SUITE 5A
CITY/ST/ZIP/CO: PROVIDENCE, RI 02903-

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OFFICER

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DIRECTOR

NAME: DENISE M PARENT
TITLE: VP/GC/S
ADDRESS: ONE WEST EXCHANGE STREET
SUITE 5A
CITY/ST/ZIP/CO: PROVIDENCE, RI 02903-

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OFFICER

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DIRECTOR

NAME: WILLIAM S. ANDERSON
TITLE: VICE PRESIDENT
ADDRESS: KRQE-KBIM-KREZ
13 BROADCAST PLAZA
CITY/ST/ZIP/CO: ALBUQUERQUE, NM 87104-

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OFFICER

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DIRECTOR

NAME: SCOTT M BLUMENTHAL
TITLE: EXEC VP
ADDRESS: ONE WEST EXCHANGE STREET
SUITE 5A
CITY/ST/ZIP/CO: PROVIDENCE, RI 02903-

NAME:	ELLEN DALY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	WWHO		
CITY/ST/ZIP/CO:	1160 DUBLIN ROAD, SUITE 400 COLUMBUS, OH 43215-		
NAME:	DOUG DAVIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	WAVY-WVBT		
CITY/ST/ZIP/CO:	300 WAVY STREET PORTSMOUTH, VA 23704-		
NAME:	DANIEL V DONOHUE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP HUMAN RESOUR		
ADDRESS:	ONE WEST EXCHANGE STREET SUITE 5A		
CITY/ST/ZIP/CO:	PROVIDENCE, RI 02903-		
NAME:	REBECCA F. DUKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP DISTRIBUTION		
ADDRESS:	ONE WEST EXCHANGE STREET SUITE 5A		
CITY/ST/ZIP/CO:	PROVIDENCE, RI 02903-		
NAME:	MARK HIGGINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	WTNH-WCTX		
CITY/ST/ZIP/CO:	8 ELM STREET NEW HAVEN, CT 06510-		
NAME:	NICHOLAS N. MOHAMED	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP CONTROLLER		
ADDRESS:	ONE WEST EXCHANGE STREET SUITE 5A		
CITY/ST/ZIP/CO:	PROVIDENCE, RI 02903-		
NAME:	CHRISTOPHER MUSIAL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	WIVB-WNLO		
CITY/ST/ZIP/CO:	2077 ELMWOOD AVENUE BUFFALO, NY 14207-		
NAME:	WILLIAM PEPIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	WWLP		
CITY/ST/ZIP/CO:	ONE BROADCAST CENTER CHICOPEE, MA 01013-		
NAME:	ALAN RIEBE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	WANE		
CITY/ST/ZIP/CO:	2915 W. STATE BLVD FT. WAYNE, IN 46808-		

NAME:	JOHN S VIAL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP ENG & OP		
ADDRESS:	ONE WEST EXCHANGE STREET		
CITY/ST/ZIP/CO:	PROVIDENCE, RI 02903-		
NAME:	TODD WEBER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	WTHI		
CITY/ST/ZIP/CO:	918 OHIO STREET TERRE HAUTE, IN 47807-		
NAME:	JEFFERY G WHITE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	WISH-WNDY		
CITY/ST/ZIP/CO:	1950 N. MERIDIAN STREET INDIANAPOLIS, IN 46202-		
NAME:	JAY T. ZOLLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	WLUK		
CITY/ST/ZIP/CO:	787 LOMBARDI AVENUE GREEN BAY, WI 54304-		
NAME:	LISA A MANNING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	ONE WEST EXCHANGE STREET		
CITY/ST/ZIP/CO:	SUITE 5A PROVIDENCE, RI 02903-		
NAME:	JOSHUA N PILA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE WEST EXCHANGE STREET		
CITY/ST/ZIP/CO:	SUITE 5A PROVIDENCE, RI 02903-		
NAME:	KATHERINE M WHALEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE WEST EXCHANGE STREET		
CITY/ST/ZIP/CO:	SUITE 5A PROVIDENCE, RI 02903-		
NAME:	RICHARD J. SCHMAELING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/CFO		
ADDRESS:	ONE WEST EXCHANGE STREET		
CITY/ST/ZIP/CO:	SUITE 5A PROVIDENCE, RI 02903-		
NAME:	ROBERT RICHTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP NEW MEDIA		
ADDRESS:	ONE WEST EXCHANGE STREET		
CITY/ST/ZIP/CO:	SUITE 5A PROVIDENCE, RI 02903-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM J. GAFFNEY VP DIGITAL OPER ONE WEST EXCHANGE STREET SUITE 5A PROVIDENCE, RI 02903-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN MICHAEL KELLY VP DIGITAL REVE ONE WEST EXCHANGE STREET SUITE 5A PROVIDENCE, RI 02903-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRETT E. JENKINS VP CTO ONE WEST EXCHANGE STREET SUITE 5A PROVIDENCE, RI 02903-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LISA A MANNING SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LISA A MANNING, ASST SEC PRINTED NAME AND CORPORATE TITLE	11/30/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			